

REPORTS INVENTORY						CONTROL NO. DDS/OL/PMS-13	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Form Nos. 3235 & 3235a - Total Agency Contracting Activity						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) monthly		6. DISTRIBUTION (No. of components not number of copies) 2			
7. FORMAT (memorandum, form computer print-out, etc) form		8. ADP PROCESSING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT LI 1-15			
10. PREPARING COMPONENT (include lowest level contributing information to report) OL/PMS, <input type="checkbox"/> PD; DD/P/CMG; DD/S&T/OEL, ORD; DD/I/NPIC				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) six (6) feeder reports, Form No. 2936, Contract Procurement Activity Report			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
7	4.02	1		4.02	12		48.24
9	5.38	8		43.04	12		516.48
15	13.20	.25		3.30	12		39.60
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
						604.32	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Required by D/L							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS STAT	
16. DATE OF INVENTORY 8 Oct. 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Procurement Assistant					18. EXTENSION <input type="checkbox"/>